2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90051 010 ***150.00

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DOCUMENT # H02217

1. Entity Name
L & S JACKSON SERVICES, INC.

Principal Place of Business
~~% LEON RUSSELL JACKSON~~
~~281 TREASURE ROAD~~
~~VENICE, FL 34293~~

Mailing Address
~~% LEON RUSSELL JACKSON~~
~~281 TREASURE ROAD~~
~~VENICE, FL 34293~~

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3877 Woodmere Park Blvd		c/o Susan Jackson	
Suite, Apt. #, etc. #10		Suite, Apt. #, etc. 3877 Woodmere Pk Blvd #10	
City & State Venice FL		City & State Venice, FL	
Zip 34293	Country Sarasota	Zip 34293	Country Sarasota

4. FEI Number 59-2407803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. ~~Name and Address of Current Registered Agent~~
~~JACKSON, LEON RUSSELL~~
~~281 TREASURE ROAD~~
~~VENICE, FL 34293~~

7. ~~Name and Address of New Registered Agent~~
Name Susan Jackson
Street Address (P.O. Box Number is Not Acceptable) 3877 Woodmere Park Blvd #10
City Venice **FL** Zip Code 34293

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing ☐ **$5.00** May Be ~~Trust Fund Contribution~~ ~~Added to Fees~~

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	■ Delete	TITLE		☐ Change ☐ Addition
NAME	~~JACKSON, LEON RUSSELL~~		NAME		
STREET ADDRESS	~~281 TREASURE ROAD~~		STREET ADDRESS		
CITY-ST-ZIP	~~VENICE, FL~~		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	PD	■ Change ☐ Addition
NAME	JACKSON, SUSAN		NAME	Jackson, Susan	
STREET ADDRESS	~~281 TREASURE ROAD~~		STREET ADDRESS	3877 Woodmere Park Blvd #10	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP	Venice, FL 34293	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] (941) 493-1906 cell (941) 491-4173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #